



Quarter 4 2018 Quarterly Evaluation Brief

Executive Summary

The High Utilizer Mat-Su (HUMS) program provides care coordination and access to community support for “high utilizers” (5 or more visits in the emergency medical system/year) who, for numerous reasons, are unable to independently access consistent, appropriate care and support in the community. The goals for this program are to:

1. Decrease the number of Emergency Department (ED) visits for HUMS patients.
2. Increase individual patient health by providing assistance with access to community-based healthcare providers/system.
3. Increase patient self-reliance to more effectively address their health care needs.
4. Reduce the number of barriers experienced by patients which prevent access to the community-based system of care.
5. Increase communication within the system of care among first responders, the Multi-Disciplinary Team, HUMS staff, and other community providers through regular meetings and the use of EDIE/Pre-Manage.

Program Impact on Emergency Department Utilization: For those participants served by the HUMS program during the first year who are still enrolled (52 participants), there was an overall average ED utilization reduction of 61.7%. At the end of the first year a total of 57 participants had been served by the HUMS program. There were 5 participants who were not considered actively enrolled in the program because they no longer lived in the state of Alaska, are currently incarcerated, or revoked their ROI.

Program Impact on Cost Savings: Cost savings could only be calculated for those who had been enrolled in the program for 6 months or more (34 patients)¹. For these patients, there was a cost saving due to a decrease in ED usage after HUMS enrollment of \$1,141,493. There were two participants enrolled in the program for 6 months or more who had an increase in ED usage for a net increase of \$264,163. The cost of the program for the first year totaled \$561,645 therefore the return on investment equaled \$315,685 for 2018.

Success Stories:

- The top three highest utilizers alone saved at total of \$347,288 (the cost saving was determined by comparing ED utilization 9 months prior to becoming a HUMS patient with 9 months in the program).
- Seven patients had no ED utilization after enrollment in the program. The following chart shows their reduction in ED use along with estimated cost savings.

	ED visits 9 months prior HUMS	ED visits while in HUMS for 9 months	Estimated cost saving from not visiting ED
27-year-old	4	0	\$22,306
27-year-old	5	0	\$14,073
69-year-old	7	0	\$46,835
27-year-old	10	0	\$73,312
39-year-old	5	0	\$29,941
42-year-old	8	0	\$164,379
22-year-old	3	0	\$67,989

¹ Data was only calculated for participants enrolled in Quarters 1 and 2 who have been enrolled in the HUMS program for 6 months or longer. Data was not calculated for the 19 participants enrolled in Quarters 3 and 4.



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Patients Served: At the end of year 1 demographic data was available for 53 of the HUMS participants who had been enrolled in the program during the year.

Gender	Age	Race/Ethnicity	Insurance Coverage ²
Female 55%	Average: 43 years	White: 78%	Medicaid 68%
Male 45%	Range: 22-92 years	Alaska Native: 20%	Medicare 11%
		Hispanic: 2%	Medicaid/Medicare 12%
			VA 8%
			Private insurance 6%

Strategy Solutions, Inc. (SSI), a consulting firm based in Pennsylvania with the mission to create healthier communities, was retained by Mat-Su Health Foundation (MSHF) on February 26, 2018 to be the external evaluator for Year 1 of the High Utilizer Mat-Su (HUMS) Program. The external evaluation process is designed to produce both a formative as well as a summative evaluation of the HUMS program, with evaluation "briefs" completed at the end of each quarter.

Quarters were determined by calendar year:

- Quarter 1: January, February, March
- Quarter 2: April, May, June
- Quarter 3: July, August, September
- Quarter 4: October, November, December

During the month of February 2019, Strategy Solutions, Inc. (SSI) collected input to support both the formative and summative evaluation for the HUMS Program for the first year (2018). The evaluation activities included:

- Year 1 HUMS participant demographic information
- Year 1 Deidentified PreManage Data
- 2017 and 2018 Deidentified Hospital Data
- Individual interviews via phone with program stakeholder

² A few of the HUMS participants have more than one type of insurance which is reflected above; therefore, the insurance categories are not mutually exclusive